Because the University at Buffalo has never owned a hospital, the UB School of Medicine and Biomedical Sciences—now 160 years old—has the distinction of being one of our country’s oldest and most well established community-based medical schools. As many of you know, there are both advantages and disadvantages inherent in this structure. One obvious advantage is that professors who teach in our medical school operate their clinical practices in hospitals and clinics throughout Western New York, where they bring state-of-the-art care to the populations they serve. Another advantage—one that has moved to the foreground in recent years—is that by having a community-based medical school, UB avoids the financial risk associated with owning a hospital. In fact, a number of universities, including Georgetown University, Indiana University and the University of Minnesota, to name a few, have recently divested themselves of their hospitals for this reason.

On the other hand, a disadvantage to being a community-based medical school is that because our 450 full-time clinical faculty have practices that are dispersed throughout the region, patients do not identify them as UB physicians.

Furthermore, because UB physicians belong to one of 18 clinical practice plans depending on their area of specialty and UB departmental affiliation, they themselves have not identified as a group. The result is that their efforts have not been optimally coordinated in terms of patient referrals, sharing of resources for clinical and basic research, the teaching of students and residents, and the recruitment of faculty.

UB physicians have known for many years—decades even—that if they could more efficiently coordinate these various functions they would better serve patients in our region. They also have realized that such a move would require a “sea change” in the collective culture of their practice plans.

I am pleased to announce that just such a change was initiated on December 5, 2005, when David F. Brown, medical director for UB’s 18 clinical practice plans, and a number of other faculty and staff, organized a “ UBMD” (University at Buffalo Medical Doctors) meeting at the Buffalobooth.

The UBMD concept was developed by one group of physicians who have been a loose federation of our faculty’s 18 clinical practice plans. I am pleased to announce that just such a change was initiated on December 5, 2005, when David F. Brown, medical director for UB’s 18 clinical practice plans, and a number of other faculty and staff, organized a “ UBMD” (University at Buffalo Medical Doctors) meeting at the Buffalobooth.

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Emergency physician

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Medical relief following Hurricane Katrina involved many plan-as-you-go scenarios

About the cover: Taken in September 2005, by Jocelyn Augustino/FEMA, this photo depicts a flooded neighborhood in New Orleans, Louisiana.

Letters to the Editor

Letters to the editor are welcome and can be sent to Buffalo Physician, 389Croll Hall, University at Buffalo, Buffalo, NY 14260; or via e-mail to buffalophysician@buffalo.edu. Phone (716) 845-9900, ext. 1387.

The staff reserves the right to edit all submissions for clarity and length.